



## Ranger Conservation Corps Student Application Form

### Student Applicant's Information

Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Current Grade:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  Male  Female

Language(s) spoken at home: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street Apt #  
City State Zip Code

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail (1): \_\_\_\_\_ Email (2): \_\_\_\_\_

With whom do you live?  Parent  Legal Guardian  Other \_\_\_\_\_

### Parent/Legal Guardian #1 Information

Name: \_\_\_\_\_  
Last First Middle

Relationship with Applicant:  Parent  Legal Guardian\*  
*\*If you have marked Legal Guardian, please explain relationship with child.*  
 Grandparent  Aunt/Uncle  Brother/Sister  Other \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street Apt #  
City State Zip Code

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail (1): \_\_\_\_\_ Email (2): \_\_\_\_\_

### Parent/Legal Guardian #2 Information

Name: \_\_\_\_\_  
Last First Middle

Relationship with Applicant:  Parent  Legal Guardian\*  
*\*If you have marked Legal Guardian, please explain relationship with child.*  
 Grandparent  Aunt/Uncle  Brother/Sister  Other \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street Apt #  
City State Zip Code

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail (1): \_\_\_\_\_ Email (2): \_\_\_\_\_



**Applicant's Educational Information**

Name of School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip Code

Phone: ( ) \_\_\_\_\_ Website/email \_\_\_\_\_

**How did you hear about this program?**

- From a Park Ranger
- School Teacher
- Fellow Students
- Flyer or handout
- Web/Internet
- Other (explain) \_\_\_\_\_

**Please choose preferred location to attend RCC:**

- Bronx
- Brooklyn
- Manhattan
- Queens
- Staten Island

**RCC is a ten week program per semester. Can you commit to the ten weeks?**

- Yes
- No

*If no, please explain your conflicts and how many weeks you can attend.* \_\_\_\_\_

I hereby certify that the information on this form has been provided in consultation with my parent or guardian.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

